Drug Analysis Laboratory GC/MS QC Check
Month:_____
Year:_____

Day	System 3			System 4			System 5			System 6		
	Initials	Autotune	Inj/Column	Initials	Autotune	Inj/Column	Initials	Autotune	Inj/Column	Initials	Autotune	Inj/Column
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
16												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												

Comments:

QC Review:_____   &[FILE]   QA Review:_____
Date:_____   Date:_____